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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D-	ocument Number)	
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COVER LETTER

Division of Corporations			٠٨٠
	J G K Propo	erties LLC	
SUBJECT:	Name of Unite	ed Liability Company	
The enclosed Articles of Amending	m and tee(s) are subm	nited for filmg	
Pleuse return al. correspondence co	nceining this matter to	the following:	
	John Woolley	and Gretchen McGlory Name of Person	—
		J G K Properties LLC	
	1	0240 US Hwy I South Address	
		St Augustine FL 32086 City/State and Zip Code	
	E-mail address (to	FretchenMcGlory@att.net	outication)
For further information concerning			
Mary Jo Farris Name of Person	СРА	at (<u>270</u>) <u>227-283</u> Area Code Dayt	of time Telephone Number
Enclosed is a check for the follow:	ng amount:		
Sent earlier—copy of cleared check enclosed),00 Filing Fee & crifficate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is melosed)	Sol),00 Filing Fee. Certificate of Status & Certified Copy raddinonal copy is enclosed.
Mailing Address:		Street Address:	
Registration Section Division of Corporati	ons	Registration ! Division of C	`orporations
P.O. Box 6327		The Centre o	f Tallahassee iroe Street, Suite 810
Tallahassee, FL 3231	4	Z445 N. Mor Tallahasana	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

()

The Articles of Organization for this Emitted Liability Company were filed on May 13, 2023 and assigned

Florida document number 1.23000237093

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent ant/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I purther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am jamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Unamending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Gretchen McGlory	10240 US Hwy 1 South	
		Saint Augustine Fl. 32086	□Remove
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<u></u> .			□Add
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If amending any other in	()	,•,			
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Effective date, if other th If an effective date is listed, the Note: If the date inserted is document's effective date of	this block does not meet	the applicable state	not i tung tedanci	(optional)) days after filing) Puri nents, this date will	suant to 605 0207 not be listed as
e record specifies a delayed and is filed.	effective date, but not an s	effective time, at 12	[70] a m on the ear	ther of: (b) The 90	th day after the
Dated <u>June 19</u>	. 2	2023			
	Signature of a mem	her of authorized tep	and tesentative of a mem	ber	. <u> </u>
			•		
	Mi	ary Jo Farris CP. ped or printed name (

Filing Fee: \$25.00